



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
PHYSICIANS HEALTH PLAN

NAIC Group Code 3408 , 3408 NAIC Company Code 95849 Employer's ID Number 38-2356288
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:

Life, Accident and Health [☐] Property/Casualty [☐] Hospital, Medical and Dental Service or Indemnity [☐]
Dental Service Corporation [☐] Vision Service Corporation [☐] Other [☐]
Health Maintenance Organization [☒] Is HMO Federally Qualified? Yes (☐) No (☒)

Incorporated/Organized December 18, 1980 Commenced Business October 1, 1981

Statutory Home Office 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1400 East Michigan Avenue, Lansing, Michigan 48912 517-364-8400
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)
517-364-8400
(Area Code) (Telephone Number)

Internet Website Address www.phpmm.org

Statutory Statement Contact Kevin Essenmacher 517-364-8400
(Name) (Area Code) (Telephone Number) (Extension)
kevin.essenmacher@phpmm.org 517-364-8407
(E-Mail Address) (Fax Number)

OFFICERS

Scott Wilkerson (President) Randolph Rifkin (Secretary)
David Vis (Assistant Secretary) Patrick Gribben, Jr (Treasurer)

OTHER OFFICERS

Marylee Davis, PhD (Chairperson)

DIRECTORS OR TRUSTEES

Diana Rodriguez Algra
Wendell Barron
Richard Bruner
Marylee Davis, PhD
Patrick Gribben, Jr
Bradley Hoopingarner, MD#
Larry Rawsthorne, MD
Randolph Rifkin
Kenneth Rudman, MD#
Dawn Springer, MD
Dennis Swan
Scott Willerson

State of Michigan }
County of Ingham } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Scott Wilkerson
President

Marylee Davis, PhD
Chairperson

Randolph Rifkin
Secretary

Subscribed and sworn to before me this
day of _____

a. Is this an original filing? Yes (X) No ()

b. If no: 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 - TOTAL - Individuals	26,251	6,047	409			32,707
Group subscribers						
STATE OF MICHIGAN	1,648,303	10,226				1,658,529
0299997 - Subtotal - Group subscribers	1,648,303	10,226				1,658,529
0299998 - Premiums due and unpaid not individually listed	189,755	39,654	13,302			242,410
0299999 - TOTAL - Group	1,838,058	49,880	13,302			1,900,939
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	1,864,309	55,927	13,711			1,933,646

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
PBM REBATES	284,176	316,617	376,520	1,029,944	1,029,944	977,313
0199999 - Pharmaceutical Rebate Receivables	284,176	316,617	376,520	1,029,944	1,029,944	977,313
Claim Overpayment Receivables						
VARIOUS	172,458				172,458	
0299999 - Claim Overpayment Receivables	172,458				172,458	
Other Receivables						
VARIOUS	149,933	88,519	88,519	934,914	934,914	326,972
0699999 - Other Receivables	149,933	88,519	88,519	934,914	934,914	326,972
0799999 - Gross Health Care Receivables	606,567	405,136	465,039	1,964,858	2,137,316	1,304,285

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 - Aggregate accounts not individually listed-uncovered	97,210	1,363				98,573
0399999 - Aggregate accounts not individually listed-covered	612,873	8,593				621,466
0499999 - Subtotals	710,083	9,956				720,039
0599999 - Unreported claims and other claim reserves						13,589,686
0799999 - Total claims unpaid						14,309,725
0899999 - Accrued medical incentive pool and bonus amounts						4,225,314

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
PHP SERVICE COMPANY	289,632					289,632	
PHP FAMILYCARE	407,498					407,498	
0199999 - Subtotal - Individually listed receivables	697,130					697,130	
0299999 - Receivables not individually listed	310,999					310,999	
0399999 - TOTAL gross amounts receivable	1,008,129					1,008,129	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
PHYSICIANS HEALTH NETWORK.....	INTERCOMPANY TRANSACTIONS.....	890,114	890,114	
SPARROW HOSPITAL.....	INTERCOMPANY TRANSACTIONS.....	97,179	97,179	
0199999 - Subtotal - Individually listed payables		987,293	987,293	
0399999 - TOTAL gross payables		987,293	987,293	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	815,846	0.522	34,750	100.000		815,846
2. Intermediaries						
3. All other providers						
4. Total capitation payments	815,846	0.522	34,750	100.000		815,846
Other Payments:						
5. Fee-for-service	20,938,985	13.408	X X X	X X X		20,938,985
6. Contractual fee payments	99,648,369	63.806	X X X	X X X	99,648,369	
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	34,770,423	22.264	X X X	X X X	34,770,423	
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	155,357,777	99.478	X X X	X X X	134,418,792	20,938,985
13. Total (Line 4 plus Line 12)	156,173,623	100%	X X X	X X X	134,418,792	21,754,831

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
	UNITED BEHAVIORAL HEALTH	815,846		67,987	
9999999 - TOTAL	Transactions with intermediaries	815,846			

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	982,653		918,846		63,808	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	982,653		918,846		63,808	



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 95849

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2011

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	35,092	186	34,176				638			92
2. First Quarter	33,494	180	32,577				550			187
3. Second Quarter	32,789	174	31,848				423			344
4. Third Quarter	33,652	172	32,507				415			558
5. Current Year	34,750	157	33,359				416			818
6. Current Year Member Months	403,697	2,066	391,598				5,269			4,764
Total Member Ambulatory Encounters for Year:										
7. Physician	228,446	1,476	217,445				3,756			5,769
8. Non-Physician	115,542	683	107,510				1,794			5,555
9. Total	343,988	2,159	324,955				5,550			11,324
10. Hospital Patient Days Incurred	7,223	38	6,340				141			704
11. Number of Inpatient Admissions	2,096	13	1,751				49			283
12. Health Premiums Written (b)	158,156,417	1,015,601	152,894,128				2,623,696			1,622,992
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	158,156,417	1,015,601	152,894,128				2,623,696			1,622,992
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	156,173,622	1,002,868	140,123,702				2,131,318			12,915,734
18. Amount Incurred for Provision of Health Care Services	158,027,289	1,014,772	137,820,116				2,246,993			16,945,408

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 95849

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2011

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	35,092	186	34,176				638			92
2. First Quarter	33,494	180	32,577				550			187
3. Second Quarter	32,789	174	31,848				423			344
4. Third Quarter	33,652	172	32,507				415			558
5. Current Year	34,750	157	33,359				416			818
6. Current Year Member Months	403,697	2,066	391,598				5,269			4,764
Total Member Ambulatory Encounters for Year:										
7. Physician	228,446	1,476	217,445				3,756			5,769
8. Non-Physician	115,542	683	107,510				1,794			5,555
9. Total	343,988	2,159	324,955				5,550			11,324
10. Hospital Patient Days Incurred	7,223	38	6,340				141			704
11. Number of Inpatient Admissions	2,096	13	1,751				49			283
12. Health Premiums Written (b)	158,156,417	1,015,601	152,894,128				2,623,696			1,622,992
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	158,156,417	1,015,601	152,894,128				2,623,696			1,622,992
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	156,173,622	1,002,868	140,123,702				2,131,318			12,915,734
18. Amount Incurred for Provision of Health Care Services	158,027,289	1,014,772	137,820,116				2,246,993			16,945,408

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

Page 30

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health
NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
39845	48-0921045	01/01/2011	WESTPORT INS CORP	MO	334,207	
1199999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					334,207	
1399999 - Accident and Health, Total Non-Affiliates					334,207	
1499999 - Total Accident and Health					334,207	
1599999 - Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					334,207	
1799999 - Total (Sum of 0799999 and 1499999)					334,207	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE PHYSICIANS HEALTH PLAN

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31 , Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates												
39845	48-0921045	01/01/2011	WESTPORT INS CORP	MO	SSL/A/I	2,211,287						
0499999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates						2,211,287						
0699999 - General Account, Total Authorized Non-Affiliates						2,211,287						
0799999 - Total General Account Authorized						2,211,287						
1599999 - Total General Account Authorized and Unauthorized						2,211,287						
3199999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 11999999, 1699999, 1999999, 2399999 and 2699999)						2,211,287						
3399999 - TOTAL (Sum of 1599999 and 3099999)						2,211,287						

Page 33

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies
NONE

Sch. S, Pt. 4, Bank Footnote
NONE

SCHEDULES S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums	2,211	2,036	2,019	2,154	2,350
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	334	311	712	619	2,247
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	60,825,723		60,825,723
2. Accident and health premiums due and unpaid (Line 15)	1,933,646		1,933,646
3. Amounts recoverable from reinsurers (Line 16.1)	334,207		334,207
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	7,178,629		7,178,629
6. Total assets (Line 28)	70,272,205		70,272,205
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,309,724		14,309,724
8. Accrued medical incentive pool and bonus payments (Line 2)	4,225,314		4,225,314
9. Premiums received in advance (Line 8)	615,810		615,810
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	4,317,728		4,317,728
13. Total liabilities (Line 24)	23,468,576		23,468,576
14. Total capital and surplus (Line 33)	46,803,629	X X X	46,803,629
15. Total liabilities, capital and surplus (Line 34)	70,272,205		70,272,205
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publically Traded (U. S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity (ies) / Person (s)	*
			38-1490180				CARSON CITY HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Influence		SPARROW HEALTH SYSTEM	
			38-3218134				SPARROW IONIA HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-6100687				SPARROW FOUNDATION	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2594856				PHYSICIANS HEALTH NETWORK	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2543305				SPARROW COMMUNITY CARE	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			14-1885340				SPARROW SPECIALTY HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-1358172				SPARROW CLINTON HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-1360584				EW SPARROW HOSPITAL ASSOCIATION	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2595963				SPARROW DEVELOPMENT, INC	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	95849	38-2356288				PHYSICIANS HEALTH PLAN	MI.	IA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	11537	36-4497604				PHP FAMILY CARE	MI.	IA.	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	12816	20-5565219				PHP INSURANCE COMPANY	MI.	IA.	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
	PHYSICIANS HEALTH PLAN		38-3344741				PHP SERVICE COMPANY	MI.	NIA.	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
	PHYSICIANS HEALTH PLAN		38-3361367				PHP SHARED SERVICES, LLC	MI.	NIA.	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	

Asterisk	Explanation
----------	-------------

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-2594856	Physicians Health Network					174,162,304				174,162,304	
95849	38-2356288	Physicians Health Plan					(135,000,361)				(135,000,361)	
11537	36-4497604	PHP FamilyCare					(43,013,723)				(43,013,723)	
	38-3344741	PHP Service Company					(5,394,343)				(5,394,343)	
12816	20-5565219	PHP Insurance Company					(1,511,160)				(1,511,160)	
	38-1360584	Sparrow Health System					10,757,284				10,757,284	
9999999	- CONTROL TOTALS											

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....
.....
.....
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 460:		
2. Will an actuarial opinion be filed by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 440:		
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
APRIL FILING		
5. Will Management's Discussion and Analysis be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 350:		
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 285:		
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 210:		
JUNE FILING		
8. Will an audited financial report be filed by June 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 220:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

JUNE FILING	RESPONSE
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 221:	

AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 222:	

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
BARCODE: Document Identifier 360:	



12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
BARCODE: Document Identifier 205:	



13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
BARCODE: Document Identifier 207:	



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 420:	

15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
BARCODE: Document Identifier 371:	



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
BARCODE: Document Identifier 370:	



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

MARCH FILING		RESPONSE
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 365:		
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 224:		
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 225:		
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 226:		
APRIL FILING		
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 306:		
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?		NO
EXPLANATION:		
BARCODE: Document Identifier 211:		
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?		NO
EXPLANATION:		
BARCODE: Document Identifier 213:		
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 216:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

APRIL FILING	RESPONSE
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 217:	

AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 223:	



SUPPLEMENT FOR THE YEAR 2011 OF THE PHYSICIANS HEALTH PLAN

MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage				XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

NONE

Health

Annual Statement Blank Alphabetical Index

Analysis of Operations By Lines of Business	7	Schedule S - Part 2	31
Assets	2	Schedule S - Part 3 - Section 2	32
Cash Flow	6	Schedule S - Part 4	33
Exhibit 1 - Enrollment By Product Type for Health Business Only	17	Schedule S - Part 5	34
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18	Schedule S - Part 6	35
Exhibit 3 - Health Care Receivables	19	Schedule T - Part 2 - Interstate Compact	37
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	20	Schedule T - Premiums and Other Considerations	36
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	21	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	38
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	22	Schedule Y - Past 1A - Detail of Insurance Holding Company System	39
Exhibit 7 - Part 1 - Summary of Transactions With Providers	23	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	40
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	23	Statement of Revenue and Expenses	4
Exhibit 8 - Furniture, Equipment and Supplies Owned	24	Summary Investment Schedule	SI01
Exhibit of Capital Gains (Losses)	15	Supplemental Exhibits and Schedules Interrogatories	41
Exhibit of Net Investment Income	15	Underwriting and Investment Exhibit - Part 1	8
Exhibit of Nonadmitted Assets	16	Underwriting and Investment Exhibit - Part 2	9
Exhibit of Premiums, Enrollment and Utilization (State Page)	29	Underwriting and Investment Exhibit - Part 2A	10
Five-Year Historical Data	28	Underwriting and Investment Exhibit - Part 2B	11
General Interrogatories	26	Underwriting and Investment Exhibit - Part 2C	12
Jurat Page	1	Underwriting and Investment Exhibit - Part 2D	13
Liabilities, Capital and Surplus	3	Underwriting and Investment Exhibit - Part 3	14
Notes To Financial Statements	25		
Overflow Page For Write-ins	42		
Schedule A - Part 1	E01		
Schedule A - Part 2	E02		
Schedule A - Part 3	E03		
Schedule A - Verification Between Years	SI02		
Schedule B - Part 1	E04		
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary By Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI10		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E19		
Schedule DB - Part A - Verification Between Years	SI11		
Schedule DB - Part B - Section 1	E20		
Schedule DB - Part B - Section 2	E21		
Schedule DB - Part B - Verification Between Years	SI11		
Schedule DB - Part C - Section 1	SI12		
Schedule DB - Part C - Section 2	SI13		
Schedule DB - Part D	E22		
Schedule DB - Verification	SI14		
Schedule DL - Part 1	E23		
Schedule DL - Part 2	E24		
Schedule E - Part 1 - Cash	E25		
Schedule E - Part 2 - Cash Equivalents	E26		
Schedule E - Part 3 - Special Deposits	E27		
Schedule E - Verification Between Years	SI15		
Schedule S - Part 1 - Section 2	30		